ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | 9hu | 7683| | |
| O.I.P.E. CLASSIFIER | | | 4.11.96 |
| FORMALITY REVIEW | W N | 67479 | 6-17-00 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | | | |
|---|---|---|---|---|
| ✔ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| − (Through numeral)... Canceled | | A | Appeal |
| ÷ | Restricted | O | Objected |



If more than 150 claims or 10 actions
staple additional sheet h re

(LEFT INSIDE)